Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	COVER PAGE  CALIFORNIA 460  FORM
	Statement covers period from03/18/06	Date of election if applicable: (Month, Day, Year)  MAY 26 2006 Page 01 of 23
SEE INSTRUCTIONS ON REVERSE	through05/20/06	06/06/06  REGISTRAR OF VOTERS For Official Use Only  06/06/06
Type of Recipient Committee: All Committees  ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5)  ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	- Complete Parts 1, 2, 3, and 4.  Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement:  Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)  Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
. Committee Information	I.D. NUMBER 980968	Treasurer(s)
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE GUILLORY FOR ASSESSOR STREET ADDRESS (NO P.O. BOX)	EE)	NAME OF TREASURER JOANNE LOVEJOY MAILING ADDRESS
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O	ВОХ	MAILING ADDRESS
OPTIONAL: FAX / E-MAIL ADDRESS	CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
	-	OPTIONAL: FAX / E-MAIL ADDRESS
Executed on	BySignature of Controlli	edge the information contained herein and in the attached schedules is true and complete. I certify  Signature of Treasurer or Assistant Treasurer  ing Titysholder, Candidate, State Measure Proponentes Responsible Officer of Sponsor
Executed on	Ву	nature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

#### Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

ourimary rage		to whole dollars.			ment covers period 03/18/06	FORM 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		_			through	05/20/06	Page 02 of 23	
GUILLORY FOR ASSESSOR		·	-		7		I.D. NUMBER 980968	
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO DA	EAR	Calendar Year Sum Running in Both th	mary for Candidates e State Primary and	
1. Monetary Contributions Schedule A, Line 3	\$	23972.00	\$	239	72.00	General Elections	and the same of the same	
2. Loans Received Schedule B, Line 3		0.00	•	384	00.00	1/1 th	rough 6/30 7/1 to Date	
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	23972.00	s			20. Contributions		
4. Nonmonetary Contributions Schedule C, Line 3		550.00	•				<b>\$</b>	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	24522.00	\$	245	22.00	21. Expenditures  Made \$	<b>\$</b>	
Expenditures Made	<u> </u>							
6. Payments Made Schedule E, Line 4	\$	18230.39	\$			Expenditure Limit S Candidates	Summary for State	
7. Loans Made Schedule H, Line 3		0.00	•		0.00	Candidates		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	18230.39	\$			22. Cumulative	Expenditures Made*	
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0.00	•		0.00		Voluntary Expenditure Limit)	
10. Nonmonetary Adjustment Schedule C, Line 3		0.00				Date of Election (mm/dd/yy)	Total to Date	
11. TOTAL EXPENDITURES MADE	\$	18230.39	\$				- \$	
Current Cash Statement	_		T					
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	2418.53					<b>\$</b>	
13. Cash Receipts Column A, Line 3 above	·	23972.00		calculate Colum lounts in Column				
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	cor	responding amo	ounts	*Amounts in this section ma	ay be different from amounts	
15. Cash Payments Column A, Line 8 above		18230.39	гер	m Column B of y ort. Some amou	unts in	reported in Column B.		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	8160.14	Col	lumn A may be r ures that should	negative be			
If this is a termination statement, Line 16 must be zero.			sut per	otracted from pri riod amounts. If	evious this is			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	the for	first report bein this calendar ye	g filed ar, only			
Cash Equivalents and Outstanding Debts			fror	ry over the amo n Lines 2, 7, and	unts d 9 (if			
18. Cash Equivalents See instructions on reverse	\$	0.0	any	/).			•	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	38400.00					FPPC Form 460 (January/05)	
		i			l	FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-3772)	

Schedule Monetary	y Contributions Received	Amou	/pe or print in ink. Ints may be rounded O whole dollars.	Statement co		CALL	SCHEDULI
SEE INSTRUCTI	ONS ON REVERSE			from3/	18/06	F	ORM 460
IAME OF FILER				through	5/20/06	Page	03 of 23
GUILLOF	RY FOR ASSESSOR					I.D. NU	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	(IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y	98096	PER ELECTION
3/20/06	Jerry A. Wagner	☑IND □COM □OTH □PTY □SCC	Consultant/Self- Employed	200.00	(JAN. 1 - DEC.	31)	TO DATE (IF REQUIRED)
3/20/06	Samuel Guillory	☑IND □COM □OTH □PTY □SCC	Physician/Self-Employed	1,500.00			
3/20/06	bd Systems. Inc.	□IND □COM ☑OTH □PTY □SCC	Corporation	1,500.00			
3/24/06	Walter Murphy	☑IND □COM □OTH □PTY □SCC	Self-Employed/Murphy Group	100.00			
3/24/06	K I Dannie	☑IND □COM □OTH □PTY □SCC	Consultant/Self- Employed	1,500.00			
hedule A	Summary		SUBTOTAL \$	4,800.00			
mount rece nclude all S	ived this period – itemized monetary contributions. chedule A subtotals.)			22 000 00	*Contribu	utor Code	s
otal monetar	CV contributions of	fless than \$1	00	22,800.00 1,172.00	COM -R (0 OTH - 0	ecipient C other than ther (e.g.	ommittee PTY or SCC) business entity)
wu Lines 1	and 2. Enter here and on the Summary Page, Column	A, Line 1.)	TOTAL \$	23,972.00	1 –	nucai Pan	ty butor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. Amounts may be rounded

	SCHE	DULE A	(CONT.)
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NAME OF FILER		to whole	e dollars.		vers period   8/06  /20/06	FC	FORNIA 46 ORM 46
GUILLOR	Y FOR ASSESSOR					I.D. NUM	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR		15 40 000		·	98096	
RECEIVED	, ASSE EVEN.D. NOMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	FAR	PER ELECTION TO DATE
3/24/06	David Perrin	☑IND □COM □OTH □PTY □SCC	Retired	1,500.00	(STATE OF THE STATE OF THE STAT	31)	(IF REQUIRED)
4/9/06	Jun Sakumoto	☑IND □COM □OTH □PTY □SCC	Real Estate/Capri Capital Advisors	250.00	250.0	00	
4/9/06	Allen E. Doby	☑IND □COM □OTH □PTY □SCC	Retired	250.00			
4/9/06	Park Plaza Apartments	☐IND ☐COM ☑OTH ☐PTY ☐SCC	Corporation	250.00			
4/9/06	William Morrison	☑IND □COM □OTH □PTY □SCC	Retired	100.00			
			SUBTOTAL \$	2,350.00	**************************************	7 (3 to 1 (4 t	

\*Contributor Codes IND -Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

Type or print in ink. Amounts may be rounded

SCHEDULE A (	CONT.)
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NAME OF FILER GUILLOR	Y FOR ASSESSOR		e dollars.		/20/06	Page	ORNIA 46  OS of 23
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER			1.D. NUMB 980968	
	TO THE STATE OF TH	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	ΔR	PER ELECTION TO DATE
4/15/06	Francesca Britton	☑IND □COM □OTH □PTY □SCC	Retired	200.00		.,	(IF REQUIRED)
4/15/06	L. J. Mosley	☑IND □COM □OTH □PTY □SCC	Retired	200.00			
4/15/06	Singleton B. McAllister	☑IND □COM □OTH □PTY □SCC	Attorney/Mintz, Levin, Cohn, Ferris, Glovsky and Popeo P.C.	500.00			
4/26/06	James Cannon III	ZIND COM OTH PTY SCC	Police Officer/City of Riverside	400.00			
4/26/06		☑IND □COM □OTH □PTY □SCC	Systems Manager/ACS	200.00	200.00		
			SUBTOTAL \$	1,500.00			

\*Contributor Codes

IND -Individual

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OTH - Other (e.g., business entity) PTY - Political Party

Type or print in ink. Amounts may be rounded

NAME OF FILER		to whole	y be rounded e dollars.		vers period 8/06 /20/06	CALIFORNIA FORM  Page 06 of 2
DATE	Y FOR ASSESSOR  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR					I.D. NUMBER 980968
RECEIVED	TO ENTER NOMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	FAR TODATE
4/26/06	Pinkney's Data Service	☐IND ☐COM ØOTH ☐PTY ☐SCC	Company	100.00		(ii NEGORE
5/01/06	The Irvine Company	□IND □COM ☑OTH □PTY □SCC	Corporation	1,000.00		
5/03/06	Jun Sakumoto	☑IND □COM □OTH □PTY □SCC	Real Estate/Capri Capital Advisors	200.00	450.0	00
5/03/06	Jesse Webb	☑IND □COM □OTH □PTY □SCC	Retired	100.00		
5/03/06	Westley Sholes	☑IND □COM □OTH □PTY □SCC	Retired	400.00		
			SUBTOTAL \$	1,800.00	PROFESSION AND ASSESSMENT	

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PTY - Political Party

Type or print in ink.
Amounts may be rounded
to whole dollars

NAME OF FILER GUILLOF	RY FOR ASSESSOR				/20/06	Page .	ORM 46
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMO	T	98096	
5/03/06	RCA & Associates	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	FAD	PER ELECTION TO DATE (IF REQUIRED)
3,00,00		□COM ☑OTH □PTY □SCC	Corporation	500.00			domen)
5/03/06	Jeffalyn H. Johnson	☑IND □COM □OTH □PTY	Retired	100.00			
5/03/06	Teresa Wallette	SCC  IND COM OTH PTY SCC	Consultant/Self- Employed	250.00			· · · · · · · · · · · · · · · · · · ·
5/03/06		VIND	Manager/HRW	100.00			
/03/06	-	□IND □COM ☑OTH □PTY □SCC	Corporation	100.00			
ntributor Code			SUBTOTAL\$	1,050.00			

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IND –Individual
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(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDU	LE A	(CONT.

NAME OF FILER		to whole	e dollars.	_	18/06	FC	FORNIA 46
	Y FOR ASSESSOR			through	/20/06	I.D. NUM	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTI	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	FAR Í	PER ELECTION TO DATE
5/03/06	J. Stanley Sanders	☑IND □COM □OTH □PTY □SCC	Attorney/Self-Employed	350.00	(SAN. 1 - DEC.	31)	(IF REQUIRED)
5/03/06	Marcellous J. Reed	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00			
5/03/06	Erline Patrick	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00			
5/03/06	Clyde Butler	☑IND □COM □OTH □PTY □SCC	Consultant/Self- Employed	250.00			
/03/06	Digital Map Products	□IND □COM ☑OTH □PTY □SCC	Corpation	1,000.00			
			SUBTOTAL\$	3,600.00			

IND -Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded

NAME OF FILER GUILLOF	RYFOR ASSESSOR	to whole	ay be rounded e dollars.		vers period 18/06 /20/06	Page_	FORNIA 460 ORM 23
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER			1.D. NUI 98096	
	- Monder,	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ( (JAN. 1 - DEC	/FAR	PER ELECTION TO DATE
5/03/06	V. Joy Simmons, M.D.	☑IND □COM □OTH □PTY □SCC	Physician/Self-Employed	250.00	(ONL) - DEC	, 31)	(IF REQUIRED)
5/03/06	Brenda Bass Roper	ZIND  COM  OTH  PTY  SCC	Physician/Self-Employed	100.00			
5/03/06	Roderick K. Gaines	MIND	Retired	500.00			
5/03/06	Denise Nicholas	ZIND	Author/Self-Employed	250.00			
5/08/06		ZIND □COM F □OTH □PTY □SCC	Retired	200.00			
ntributor Cod			SUBTOTAL \$	1,300.00			

IND -Individual

COM ~ Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in ink. Amounts may be rounded

NAME OF FILER		Amounts may be rounded to whole dollars.		Statement covers period 3/18/06 through 5/20/06		CALIFORNIA FORM	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR			anough		Page I.D. NUM 98096	
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Shaw Lin	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	YFAR I	PER ELECTION TO DATE (IF REQUIRED)
05/08/06		COM OTH PTY SCC	Manager/Orange County Assessor Dept	250.00		•	(" KEGOIKED)
05/08/06	Assessment Evaluation Services	□IND □COM ☑OTH □PTY □SCC	Corporation	1,500.00			
05/08/06	Wilbur Williams, Jr., M.D.	MIND	Physician/Los Angeles County Sheriff's Dept.	200.00			
5/08/06	Gail T. Blake	<b>⊘</b> IND	Retired	100.00			
5/11/06		☑IND □COM □OTH □PTY □SCC	Manager/United  Transportation Union	200.00			
ontributor Cod			SUBTOTAL:\$	2,250.00			

IND -Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

Type or print in ink. Amounts may be rounded

SCHEDULE	A (CONT)

NAME OF FILER GUILLOR	Y FOR ASSESSOR	to whole	dollars.		/ers period 8/06 /20/06	FC	ORNIA 460  11 of 23
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR					98096	
RECEIVED	( COMMITTEL, ALOUEN TERT.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
05/11/06	Roy Orr	☑IND □COM □OTH □PTY □SCC	Consultant/GRS	\$100.00			(
05/11/06	Summit Enterprises	☐IND ☐COM ØOTH ☐PTY ☐SCC	Corporation	\$200.00			
05/11/06	Terry Adams	☑IND □COM □OTH □PTY □SCC	Engineer/Adams Steel	250.00			
05/11/06	William Price	☑IND □COM □OTH □PTY □SCC	Manager/Orange County Assessor Dept	250.00			
05/11/06	John Woolerv	☑IND □COM □OTH □PTY □SCC	Systems Manager, ACS	350.00	550.00	0	
			SUBTOTAL\$	1,150.00		, , , , , , , , , , , , , , , , , , ,	

\*Contributor Codes

IND -Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY-Political Party

Type or print in ink. Amounts may be rounded

NAME OF FILER	ME OF FILER		y be rounded e dollars.	Statement confrom 03/	CALIFORNIA FORM 460  Page 12 of 23	
GUILLOR	Y FOR ASSESSOR  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR					I.D. NUMBER 980968
RECEIVED	NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR TODATE
05/11/06	William McI aughlin	☑IND □COM □OTH □PTY □SCC	Physicist/Solid Team	300.00		(IF REQUIRE
05/11/06	Kinsbursky Brothers Supply, Inc. e A	□IND □COM ☑OTH □PTY □SCC	Corporation	250.00		
05/11/06	Bradley Jacobs	☑IND □COM □OTH □PTY □SCC	Consultant/Self- Employed	200.00		
05/11/06	Andrea Trevino	□ОТН	Sr. Cadastral Drafting Tech./Orange County Assessor Dept	300.00		
05/11/06	Carolyn Jordan	☑IND □COM □OTH □PTY □SCC	Retired	250.00		
			SUBTOTAL\$	1,300.00		

\*Contributor Codes IND -Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received  JAME OF FILER GUILLORY FOR ASSESSOR		Type or pr Amounts may to whole	/ be rounded	Statement covers period from03/18/06 through05/20/06		SCHEDULE A (CONTROL CALIFORNIA FORM FORM Page 13 of 23	
GUILLOR						1.D. NU 98096	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR NO (JAN. 1 - DEC	O DATE	PER ELECTION TO DATE (IF REQUIRED)
05/19/06	California Legislative Board United	□IND □COM ☑OTH □PTY □SCC	Corporation	200.00			- TEGOINED)
5/19/06	George Adams	☑IND □COM □OTH □PTY □SCC	Metal Recycling/Adams Steel	1,500.00			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC		:			

SUBTOTAL \$

1,700.00

\*Contributor Codes
IND -Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Ап	Type or print in nounts may be to whole doll	rounded		Statement co	overs period 1/18/06	SCI CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through	5/20/06	44	
GUILLORY FOR ASSESSOR					tinough		Page 14	of <u>23</u>
							980968	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS	(c) AMOUNT PAID OR FORGIVEN	. I BALANCEAT	(e) INTEREST	(f) ORIGINAL	(g) CUMULATIVE
WEBSTER J GUILLORY P.O. BOX	ASSESSOR	PERIOD	PERIOD	THIS PERIOD		PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTION TO DATE
				PAID 0.00	38400.00			CALENDAR YEAR
*		20,400 55		FORGIVEN	\$ 50.00.00	RATE %	\$	\$
™ IND □ COM □ OTH □ PTY □ SCC		s 38400.00	\$	\$		s		PER ELECTION
				☐ PAID	DATE DUE		DATE INCURRED	3
				\$	s			CALENDAR YEAR
□ IND □ COM □ OTH □ DTV □ DTV				FORGIVEN		RATE	\$	PER ELECTION
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$ <u>·</u>	\$	\$	DATE DUE	\$		s
				PAID			DATE INCURRED	
				\$	\$	%	·	CALENDAR YEAR
□ IND □ COM □ OTH □ PTY □ SCC				FORGIVEN		RATE		PER ELECTION**
scc			\$	\$	DATE DUE	\$	DATE INCURRED	s
ahadul Da	S	SUBTOTALS \$	\$		; ¢			
chedule B Summary				<del></del>		(Enter (e) on		
Loans received this period(Total Column (b) plus unitemized loans of	£1		••••	¢	0.00	Schedule E, Line 3)		
						(+0.		
Loans paid or forgiven this period(Total Column (c) plus loans under \$100 p	aid or forgiven.)			\$	0.00	IND.	ntributor Codes - Individual	
(include loans paid by a third party that a	re also itemized on Schedul	e A )				1	1 – Recipient Com (other than PT	Var scci
Net change this period. ( <b>Subtract</b> Line 2 Enter the net here and on the Summary F	from Line 1.)		N	IET \$	0.00	1 17 17	– Other (e.g., bu – Political Party – Small Contribut	usiness entity)
Amounts forgiven or paid by another party also must required.	st be reported on Schedule A.			(May b	e a negative number)	<u> </u>		

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule C Nonmonetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA 03/18/06

GUILLOF	FULL NAME, STREET ADDRESS AND				thro	ough05/20/		Page					
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES		DESCRIPTION OF GOODS OR SERVICES		DESCRIPTION OF GOODS OR SERVICES		AMOUNT/ CUMULAT FAIR MARKET DAT VALUE CALENDA		re i	PER ELECTIO TO DATE
4/30/06	JIM MORRIS 30 W MOLINTAIN ST	☑IND □COM □OTH □PTY □SCC	Developer/Self	FUN/Food		550.00	(JAN 1 - E	DEC 31)	(IF REQUIRED				
		□IND □COM □OTH □PTY □SCC											
		☐IND ☐COM ☐OTH ☐PTY ☐SCC											
	ional information on appropriately label	□IND □COM □OTH □PTY □SCC											

Amount received this period – itemized nonmonetary contributions.  (Include all Schedule C subtotals.)	
2. Amount received this period – unitemized parmonature	550.00
3. Total nonmonetary contributions of less than \$100	0.00
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	550.00

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Candidates, Measures and Committees EE INSTRUCTIONS ON REVERSE AME OF FILER		to whole dolla	irs.	from03/18/06		FORM 46	
	Y FOR ASSESSOR			throughU5/2		Page1 I.D. NUMBE 980968	6 of 23
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DE	TO DATE	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure  Monetary Contribution Nonmonetary Contribution Independent Expenditure  Monetary Contribution Contribution Independent Expenditure  Nonmonetary Contribution Independent Expenditure Independent Expenditure					
			SUBTOTAL \$		and the property of the proper		
mized con	Summary tributions and independent expenditures made the contributions and independent expenditures made attions and independent expenditures made this n	nis period. (Include all Sc	hedule D subtotals.)			\$	

Schedule E Payments Made	Type or print in ink. Amounts may be round to whole dollars.				Statement covers period from 03/18/06			SCHEDULE FORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thre	ough _	05/20/06	Page	17 of 23
GUILLORY FOR ASSESSOR  CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants	es the payment, y	ou may e	nter the code. (	Otherwise o	lescribe	e the newsest	1.D. NU 98096	MBER
CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings	MTG meetings ar OFC office expe PET petition circl PHO phone bank POL polling and POS postage, de	nd appearan nses ulating s survey rese livery and m	ces	RAD RFD SAL TEL TRC TRS TSF VOT	radio a returne campai t.v. or c candida staff/sp transfer	airtime and production ed contributions ign workers' salaries cable airtime and prod ate travel, lodging, and	luction cost I meals and meals s of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION				
D M Steel	·		Printing					AMOUNTPAID 48.00
The Early voter			01.					10.00
Vol. 1. C			Slates					4,050.00
Voter Information Guide			Slates					
Payments that are contributions or independent expenditures m								4,200.00
chedule E Summary	ust also be summa	rized on S	chedule D.			SUB	TOTAL \$	8,298.00
. Itemized payments made this period. (Include all Schedule E . Unitemized payments made this period of under \$100	subtotals.)	••••••			•••••		\$	18,230.39

2. Unitemized payments made this period of under \$100 ......\$ \_\_\_\_\_\_\$

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

18,230.39

0.00

0.00

# Schedule E

(Continuation Sheet) Payments Made	Type or pri Amounts may to whole	be rounded		Statement covers period from 03/18/06	CALIFO FOR	PRNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through05/20/06		18 of 23
GUILLORY FOR ASSESSOR					I.D. NUMB	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  LT campaign literature and mailings	MTG meetings at OFC office experience of the PET petition circle PHO phone bank POL polling and POS postage, de	nd appearan nses ulating s survey rese livery and m	ces	RAD radio airtime and production returned contributions SAL campaign workers' salaried tv. or cable airtime and production transfer between committee voter registration information technology cost	on costs es oduction costs and meals and meals es of the sam	e candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Staples		CODE	OR DES	CRIPTION OF PAYMENT		AMOUNTPAID
			Stationery			64.48
(inko's			Stationery			113.11
nited States Post Office			Postage			70.00
al Voter Guide			Slate			76.60
aig's Crew						4,075.00
		FND	Event			175.00
yments that are contributions or independent expenditures must also	be summarized on Se	hedule D.				
				SUE	STOTAL \$	4,504.39

#### Schedule E (Ca

Type or print in ink.

(Continuation Sheet) Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period CAL	SCHEDULE E (CON IFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				05/20/06	
GUILLORY FOR ASSESSOR					19 of 23
CODES: If one of the following codes acquirately describ					
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	nd appearance reses ulating s survey resea	es	erwise, describe the payment  RAD radio airtime and production costs returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and me transfer between committees of the voter registration  WEB	als same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT	AMOUNTPAID
Jim Morris		FND	Event		50.00
Parent's Ballot Guide			Slate		
lill Forbath					4,050.00
		WEB			250.00
Inited States Post Office			Postage		
Our Pollet O					78.00
our Ballot Guide			Slate		1,000.00
ayments that are contributions or independent expenditures must also	hooumman				
, Porturates must also	be summarized on S	chedule D.		SUBTOTAL	\$ 5,428.00

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ini Amounts may be roun to whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				/20/06	Page	20 00
GUILLORY FOR ASSESSOR  CODES: If one of the following codes					1.D. NUI 98090	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO PRT print ads	ances search	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trave TRS staff/spouse tr	nd production of ibutions kers' salaries rtime and produ el, lodging, and avel, lodging, a en committees on	uction costs meals and meals of the sa	me candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT .	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT I THIS PER (ALSO REPOR	lob l	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contribution						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$	\$		\$	
<ol> <li>Schedule F Summary</li> <li>Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Schedule)</li> </ol>	CClued expenses under ¢	100 \		The state of the s		
<ol> <li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p</li> <li>Net change this period. (Subtract Line 2 from Line 1. Ent.)</li> </ol>	ayments on accrued expe	als for payments on	······INCUF	RRED TOTA	LS \$	

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	rpe or print in ink. unts may be rounded to whole dollars.	Statement covers period from 03/18/06	california 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through05/20/06	Page 21 of 23
GUILLORY FOR ASSESSOR				I.D. NUMBER 980968
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also	MBR member of meetings a office expiner petition circ PHO phone ban POL polling and postage, d PRO professions PRT print ads	ommunications and appearances enses culating iks I survey research delivery and messenger service al services (legal, accounting)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and transfer between committees	costs  uction costs I meals and meals s of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

0.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from03/18/06		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through05	/20/06	Page 22	of 23
NAME OF FILER	The second secon				through		Page	of
GUILLORY FOR ASSESSOR							980968	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENESS THIS PERIOD	CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID	.   s	%	s	CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
		<b>s</b>	s	\$	DATE DUE	s	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	\$ <u></u>	RATE %	\$	\$ PER ELECTION**
		s	s	\$	DATE DUE	s	DATE INCURRED	s
*Loans that are contributions to another candid must also be summarized on Schedule D. Loan also be reported on Schedule E.	ate or committee s forgiven must	SUBTOTALS	\$	\$	\$	\$		
			I			(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)		•••••	••••••	\$		- [	**If Required
Payments received on loans (Total Column (c) plus unitemized paym	••••		•••••		\$		-	
<ol><li>Net change this period. (Subtract Line (Enter the net here and on the Summar)</li></ol>	2 from Line 1.)		••••••		NET \$	0.00 be a negative number)	_	

Schedule I Miscellaneous Increases to Cash  SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period  from03/18/06  through05/20/06	CALIFORNIA 46		
AME OF FILER		through U3/20/06			Page 23 of 23		
GUILLORY FOR ASS	SESSOR				I.D. NUMBER 980968		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
		;					
Attach additional inform	nation on appropriately labeled continuation sheets.						
hedule I Summai				SUBTOTAL	\$		
Itemized increases to	c cash this period.						
	s to cash of dilder \$100 this period			<u> </u>	<b>-</b>		
	ocitod tills period bil toans made in others (School	ula H. Caluman	1.3.3	\$	-		
Total miscellaneous i	increases to cash this period. (Add Lines 1, 2, and	3 Enter here	and on the	Ψ	-		